

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 yrs., 7 mos., 9 days  
 Hospital, institution, or street address where death occurred:  
 Glenn Dale Sanatorium  
 How long in hospital or institution? 7 yrs., 7 mos., 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... 7A  
 City or town... Glenn Dale Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. ....

## 3. (a) FULL NAME

EDUARDO B. ACLAO

## 3. (b) Social Security Number

-

4. Sex Male  
 5. Color or race Filipino  
 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife -  
 6.(c) If alive, give age. .... years  
 7. Birth date of deceased (mo., day, yr.) October 14, 1893  
 8. AGE: Years 52 Months 4 Days 24  
 If less than one day ..... hrs. .... min.

9. Birthplace... Philippine Islands  
 (Town, county, and state)  
 10. Usual occupation... Laboratory Assistant  
 11. Industry or business

12. Name... Pascual Aclao  
 13. Birthplace... Philippine Islands  
 14. Maiden name... ?  
 15. Birthplace... Philippine Islands

16. Informant... Decedent  
 Address

17. Removal to Date thereof... Mar 10, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory...  
 Location... Bowie, Md.

18. Funeral director... Mortimer E. Phillips  
 Address... Bowie Md

19. Mar 10 1946 Rowland S. Phillips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar 10 1946 at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1938 to Mar 10, 1946 and that I last saw him alive on Mar 10, 1946.

Immediate cause of death... Pulmonary Tuberculosis  
 DURATION 25 yrs.

Complication: Right tuberculous empyema 1 yr.

Other conditions

(Include pregnancy within 8 months of death)  
 Major findings of operations... Date of op. ....

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of ...  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... Daniel Leo Pinicane MD,  
 M. D. or other  
 Address... Glenn Dale, Md. Date signed 3/10/46

RECEIVED  
MAR 19 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

## CERTIFICATE OF DEATH

02850

Reg. Dist. No. 284

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Clinton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County pr Georges CoCity or town CLINTON  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Allen Mrs. Bessie P.

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Edgar Lee Allen

7. Birth date of deceased (mo., day, yr.)

NOV. 7th 1881

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

64

hrs.

min.

9. Birthplace

Pitts. pa.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

FRANK LEWIS

13. Birthplace

pa

MOTHER

14. Maiden name

MARGARET M. FRY

15. Birthplace

pa.

16. Informant

Edgar L. ALLEN

Address

CLINTON, MARYLAND

17.

(Burial, cremation, or removal. Which?)

Date thereof

March 19-1946  
(month) (day) (year)

Cemetery or crematory

Cedar Hill Cemetery

Location

Smithland, Maryland

18. Funeral director

Thomas J. Murray

Address

2007-Nichols Ave SE Wash DC

19.

March 17 19 46  
(Date rec'd by registrar)Howard I. Bessie  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 46 at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 19 45 to March 17 19 46and that I last saw him alive on March 16 19 46

Immediate cause of death

Coronary artery disease  
fractured heart

DURATION

abt.  
6 Mo

Due to

Due to

Other conditions

none ofwater  
(Include pregnancy within 3 months of death)

Major findings of operations

Same as aboveDate of op. Jan 10 1946

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Dr. C. H. H. H. H.  
Washington 19 DC Date signed Mar 17 1946

RECEIVED  
MAR 22 1946  
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

03122

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

## 1. PLACE OF DEATH:

County Prince George'sCity or town Rural) Glenn Dale, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Glenn Dale SanatoriumHow long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. CountyCity or town Washington  
(If outside city or town limits, write RURAL and give nearest town)Street No. 619 - 4th St. S. W.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Roy W. AYERS

## 3. (b) Social Security Number

579-161-592

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced

6.(b) Name of husband or wife

-

7. Birth date of

deceased (mo., day, yr.)

January 1, 1911

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

35229

...hrs. ...min.

9. Birthplace Oak Grove, W. Moreland Co., Virginia

(Town, county, and state)

10. Usual occupation Oil Truck Helper

11. Industry or business

FATHER

12. Name

William H. Ayers

13. Birthplace

Caroline Co., Virginia

MOTHER

14. Maiden name

Irene Marders

15. Birthplace

King Geo., Co., Virginia16. Informant Decedent

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Removal  
Washington, D.C.

Location

18. Funeral director

J. W. Lee's Sons Co.

Address

300 - 4th St. N.E. Wash. D.C.

19.

(Date rec'd by registrar)

Mar. 30, 1946 Rowland S. Phillips

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 30 19 46, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

MARCH 29 19 46, to MARCH 30, 19 46and that I last saw him alive on MARCH 30 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 1/2 to 5 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

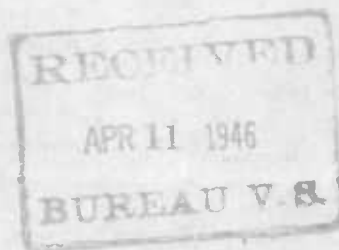
Means of injury Injured at work?

23. SIGNATURE

Daniel Leo Pinucane M.D.

M. D. or other

Address Glenn Dale Md. Date signed 3/30/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of birth of deceased is shown on 462

Evidence for change of year of birth of deceased is shown on MARYLAND STATE DEPARTMENT OF HEALTH

02851

FILM No. 101 APR 9 1946

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County... 4103: Parkwood St.  
City or town... Cottage City, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Prince Georges  
City or town... Cottage City  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4103 - Parkwood St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs Anna H. W. BAKER

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Edward E. Baker  
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1878 1877

8. AGE: Years 68 Months Days If less than one day hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Herman Riedel

13. Birthplace Germany

14. Maiden name Christie Vollmer

15. Birthplace Germany

16. Informant Catherine R. Clark

Address 4103 - Parkwood St. Cottage City

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 26, 1946 (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location 3201 - Bladensburg Rd. Md.

18. Funeral director Wm. J. N. Allen

Address 3200 - R. 2 Ave. Mt. Rainier, Md.

19. March 26, 1946 James Sever Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1946 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1941 to Mar 24 1946 and that I last saw her alive on Mar 23 1946

Immediate cause of death Carcinoma of colon with metastases

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of colon

Date of op. Mar 1941

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Cyrus Riedel M.D. Address 4339 - Mount N.E. Date signed 3/24/46



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, COMMONWEALTH OF MASSACHUSETTS

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH, COMMONWEALTH OF MASSACHUSETTS

RECEIVED  
MAR 28 1946  
BUREAU 78



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1341

## CERTIFICATE OF DEATH

02852

Reg. Dist. No. 243.

## 1. PLACE OF DEATH:

County... Prince George's  
City or town... (rural) Glenn Dale, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo., 8 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 mo., 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D. C. County...

City or town... Washington  
(If outside city or town limits, write RURAL and give nearest town)Street No... 1316 V. Street N. W.  
(If rural, give LOCATION)

2.(a) If veteran, name war... ✓

## 3. (a) FULL NAME

BARNES, ROY E

## 3. (b) Social Security Number

719-05-2550

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife...

7. Birth date of deceased (mo., day, yr.) October 6, 1915

6.(c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

30

4

23

...hrs. ...min.

9. Birthplace... Tazwell, Virginia  
(Town, county, and state)

10. Usual occupation... General Work -

11. Industry or business... Thompson's Dairy

12. Name... Robert Barnes

13. Birthplace... Tazwell, Virginia

14. Maiden name... Margaret Spotts

15. Birthplace... Tazwell, Virginia

16. Informant... Decedent

Address

17. Removal to... Date thereof... Mar. 1, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory...

Location... Washington, D.C.

18. Funeral director... H. Ernest Jones Jr.

Address... 1432 - 7th St. N.W.

19. Mar. 1, 1946 Rowland S. Phillips  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... March 1, 1946, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/21, 1946, to 3/1, 1946

and that I last saw him alive on April 1, 1946

Immediate cause of death... pulmonary tuberculosis  
DURATION 3 mths.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE... Daniel Leo Pinecare M.D.

Address... Glenn Dale, Md. Date signed 3/1/46

RECEIVED  
MAR 8 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02853 231

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Prince GeorgeCity or town Bradbury Hgts. Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 SA

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince GeorgeCity or town Bradbury Hgts.  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Lawrence Bowers

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 31, 1939

8. AGE:

Years

Months

Days

If less than one day

6

..... hrs. .... min.

9. Birthplace D.C.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Jerome13. Birthplace Manassas Va.14. Maiden name Janeer Belle Frye15. Birthplace Luckett's, Va.16. Informant fatherAddress Bradbury Hgts. Md.17. March 14, 1946 Date of death Removal  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location Washington DC

19. Funeral director.....

Address 517 11<sup>th</sup> St S.E.19. 3/14 46 Amanda Douray  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 19 46 at 5:58 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 19 46 to March 14 19 46  
and that I last saw him alive on March 14 19 46

Immediate cause of death.....

Toxic myocarditis  
& congestive failure

DURATION

3 hrs.

Due to.....

Due to.....

Other conditions measles 7 days

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE William BramerM. D. 3/24/46Address Capitol Hgts, Md. Date signed 3/24/46

RECEIVED  
MAR 16 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

02857

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince GeorgeCity or town Cheberly  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 days

Hospital, institution, or street address where death occurred:

Prince George General HospitalHow long in hospital or institution? 26 days

## 3. (a) FULL NAME

Robert Caruthers

## 3. (b) Social Security Number

## 4. Sex

m

## 5. Color or race

w

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Lydia Caruthers

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

December 12 1868

## 8. AGE:

Years

Months

Days

If less than one day

77314

hrs.

min.

## 9. Birthplace

W. Va.  
(Town, county, and state)

## 10. Usual occupation

clerk

## 11. Industry or business

12. Name Maurice Caruthers13. Birthplace W. Va.14. Maiden name Emily Lanham15. Birthplace W. Va.16. Informant Mrs. Lydia CaruthersAddress 4910 Zucensbury Rd - Riverdale Md.17. Burial Date thereof March 18, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. LincolnLocation Colma Manor Md18. Funeral director F. Goss's sonsAddress Hyattsville Md19. 3/16 19 46 Amanda Downey  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgeCity or town Riverdale  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4910 Zucensbury Rd.  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 46 at 12:25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 19 46 to March 14 19 46and that I last saw him alive on March 14 19 46Immediate cause of death Cerebral embolism

## DURATION

Due to Cerebral embolismDue to Coronary thrombosisOther conditions arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John M. Jones M. D. or otherAddress Prince Geo. Hosp Date signed 3-14-46  
Cherry, Md

RECEIVED

MAR 18 1946

BUREAU V.E.

02854

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 mos., 1 day  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 2 mos., 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D. C. County.....  
 City or town... Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2450 Nichols Ave. S. E.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

JETHRO CASON

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Divorced  
 6. (b) Name of husband or wife Ola Mae Cason  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) December 26, 1913  
 8. AGE: Years 32 Months 2 Days 12 If less than one day ..... hrs. .... min.

9. Birthplace Philadelphia, Pennsylvania  
 (Town, county, and state)  
 10. Usual occupation Truck Driver

## 11. Industry or business

FATHER 12. Name Robert Cason  
 13. Birthplace Georgia  
 MOTHER 14. Maiden name Rose Outlaw  
 15. Birthplace Georgia

16. Informant Decedent

Address

17. Removal to Date thereof Mar 13, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Washington, D. C.  
 Location Malvan & Schuy Inc.

18. Funeral director Malvan & Schuy Inc.

Address

224 - R St N.W.  
 19. Mar 10, 1946 Rowland H. Phillips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 9, 1946 to Mar 10, 1946  
 and that I last saw him alive on March 10, 1946

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 6 mos

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Punicane M.D.

M. D. or other

Glenn Dale, Md. Date signed 3/10/46  
 Address.....

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 19 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12-1

## CERTIFICATE OF DEATH



Reg. Dist. No.

02855  
243

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 2 mos., 4 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution?... 2 mos., 4 mos.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D. C. County...  
 City or town... Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 3223- 6th St. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... ---

## 3. (a) FULL NAME

CHESTER, MAY EVELYN

## 3. (b) Social Security Number

124-20-9773

4. Sex... Female 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Single  
 6.(b) Name of husband or wife... ---  
 7. Birth date of deceased (mo., day, yr.)... October 16, 1924 8.(c) If alive, give age... years  
 8. AGE: Years... 21 Months... 5 Days... 4 If less than one day... hrs. min.

9. Birthplace... Washington, D. C.  
 (Town, county, and state)

10. Usual occupation... Waitress

## 11. Industry or business

12. Name... Thomas E. Chester  
 13. Birthplace... ?

14. Maiden name... May E. Padgett  
 15. Birthplace... Washington, D. C.

16. Informant... Decedent  
 Address...

17. Burial Date thereof... removed Mar 21 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... Cedar Hill Cemetery  
 Location... Prince George's Co., Md.

18. Funeral director... W. W. Chambers & Co.  
 Address... 517. 11th St. S.E.

19. Mar 20 1946 Rowland S. Phillips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... March 20, 1946 at 11:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16, 1946 to March 20, 1946 and that I last saw him alive on March 20, 1946.

Immediate cause of death... terminal tuberculosis DURATION... 5 mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... Daniel Leo Finucane M.D. M. D. or other  
 Address... Glenn Dale, Md. Date signed... 3/20/46

RECEIVED  
MAR 30 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02856

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Allentown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

7162 Allentown Rd

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Allentown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 7162 Allentown Rd  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Sarah Louisa Clark

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

Aug 27, 1853

## 8. AGE:

Years

Months

Days

If less than one day

92638

hrs.

min.

## 9. Birthplace

Massachusetts  
(Town, county, and state)

## 10. Usual occupation

none

## 11. Industry or business

## FATHER

## 12. Name

William K. Parnell

## 13. Birthplace

## MOTHER

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Mr. Mark K. Parnell

## Address

7162 Allentown Road

## 17.

(Burial, cremation, or removal, Which?)

Date thereof

3/6/46  
(month) (day) (year)

## Cemetery or crematory

Washington Wb

## Location

## 18. Funeral director

## Address

W. W. Blampies Co  
5717-11 St. 26.

## 19.

(Date rec'd by registrar)

3/61946Carrie F. Campbell

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 46 at 10:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on 19 \_\_\_\_\_

Immediate cause of death

Septic pneumonia

## DURATION

Due to

Toxemia

Due to

Fracture of left hip

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-1-46

Where did injury occur?

Allentown

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fell in his room

Injured at work?

No

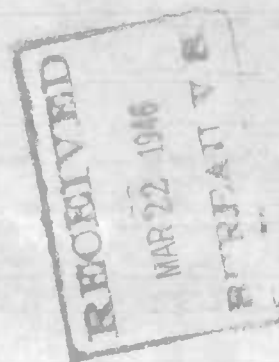
23. SIGNATURE

Frederick M.

M. D. or other

Address

Frederick M.Date signed 3-5-46



copy sent to Co. H.O. 3/22/46

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

★ 02858245  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County Prince Georges  
City or town Rivendale Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 days  
Hospital, institution, or street address where death occurred:  
Ireland Memorial Hospital  
How long in hospital or institution? 3 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State D.C. County \_\_\_\_\_  
City or town Washington  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1320 Saratoga Ave N.E.  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3.(a) FULL NAME

Mrs. Elizabeth Conklin

### 3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife Mr. William F. Conklin

8.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1889

8. AGE: Years 56 Months 5 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Jersey City, N. J.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Charles Nicol

13. Birthplace Edinburgh, Scotland

14. Maiden name Anna Little

15. Birthplace Dungannon County, Tyrone, Ireland

16. Informant Ireland Memorial Hospital Records

Address Rivendale, Md.

17. Buried Date thereof 3/18/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory 1400 Chapin St. N.W.

Location Wash. D.C.

18. Funeral director W.W. Chambers Co.

Address Rivendale, Md.

19. March 18, 1946  
(Date rec'd by registrar) Registrar Harold F. M. C. Crum

### MEDICAL CERTIFICATION

20. DATE OF DEATH 18 March 1946 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 March 1946 to 17 March 1946 and that I last saw him alive on 17 March 1946

Immediate cause of death Bronchopneumonia  
Cardiac failure DURATION 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arrhythmia of fibrillation 7 days

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Harold F. M. C. Crum M. D. or other \_\_\_\_\_

Address 3100-20th St. N.E. Date signed 18 March 46

MARGIN RESERVED FOR BINDING

VS A15 9445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 20 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02859

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County Prince Georges

City or town Sakonnet Park  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

1108 Linden Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Sakonnet Park  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1108 Linden Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Michael Dennis Coughlin

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

Feb 11, 1946

## 6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

It less than one day

21

hrs.

min.

## 9. Birthplace

Washington DC

(Town, county, and state)

## 10. Usual occupation

none

## 11. Industry or business

FATHER

## 12. Name

Michael Denis Coughlin

## 13. Birthplace

Lumbard, Iowa

## 14. Maiden name

Betty Hanlin

## 15. Birthplace

Washington DC

## 16. Informant

Michael M. Coughlin

Address 1108 Linden Ave., Sakonnet Park

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar 5 1946

Cemetery or crematory

Mt Olivet Cemetery

Location

Washington, D. C.

## 18. Funeral director

Albert Paske

Address

641 - H St. N.E. Wash D.C.

## 19. March 4

(Date rec'd by registrar)

1946

James Seery

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1946 at 6:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Sudden cerebral hemorrhage

## DURATION

Due to Congestive vascular

degeneracy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy Medical Examiner

23. SIGNATURE

James D. Seery

M. D. or other

Address Thresterville Md Date signed 3-4-46

RECEIVED

MAR 7 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 02860 245

## 1. PLACE OF DEATH:

County Prince George'sCity or town Rogers Heights  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

5022-54th Place

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Rogers Heights  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5022-54th Place

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James William Curtin

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Oct 11, 1878

## 5. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

67

hrs.

min.

## 9. Birthplace

Washington DC  
(Town, county, and state)

## 10. Usual occupation

Baker

## 11. Industry or business

MOTHER FATHER

## 12. Name

Harriet Baker Curtin

## 13. Birthplace

Washington DC

## 14. Maiden name

Margaret Elizabeth Williams

## 15. Birthplace

Washington DC

## 16. Informant

James E. Curtin

## Address

5022-54th Place Rogers Heights

## 17.

Burial  
(Burial, cremation, or removal. Which?)

## Date thereof

March 11, 1946  
(month) (day) (year)

## Cemetery or crematory

 Cedar Hill

## Location

 Suitland Md.

## 18. Funeral director

William J. Nalley

## Address

3200-B.L. Ave. Mt. Rainier, Md.March 10 46  
(Date rec'd by registrar)James Sweeney

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1946, at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death

Acute Congestive heart failure

Due to

Coronary occlusion

Due to

Cardiovascular renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

as stated

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy medical examiner

23. SIGNATURE

James E. Curtin

M.D. or other

Address

Forestville Md.Date signed 3-7-46

RECEIVED

MAR 12 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16321

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

<b>1. PLACE OF DEATH:</b> County <u>PRINCE GEORGES</u> City or town <u>HYATTSVILLE</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 YRS.</u> Hospital, institution, or street address where death occurred: <u>5800 40th AVE.</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>MD.</u> County <u>PR. GEO.</u> City or town <u>HYATTSVILLE</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>5800 40th AVE.</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>DOROTHEA LOUISE DAVIS</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>FEMALE</u>		<b>5. Color or race</b> <u>WHITE</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>DIVORCED.</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b>				<b>2D. DATE OF DEATH</b> <u>March 27 1946</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Nov. 8, 1914</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b>			
<b>8. AGE:</b> Years <u>31</u> Months _____ Days _____ If less than one day _____ hrs. _____ min.				<b>21. (c) If alive, give age</b> _____ years			
<b>9. Birthplace</b> <u>STATE LINE PENNA.</u> (Town, county, and state)				<b>Immediate cause of death</b> <u>Asphyxia</u>			
<b>10. Usual occupation</b> <u>HOUSEWIFE.</u>				<b>Due to</b> <u>acute carbon monoxide poisoning</u>			
<b>11. Industry or business</b> <u>OWN HOME.</u>				<b>Due to</b> _____			
<b>FATHER</b>		<b>12. Name</b> <u>HARRY C. BURGER.</u>		<b>Other conditions</b> _____		<b>DURATION</b>	
<b>13. Birthplace</b> <u>STATE LINE, PA.</u>		<b>14. Maiden name</b> <u>EVA GRIFFIN.</u>		<b>(Include pregnancy within 3 months of death)</b>			
<b>MOTHER</b>		<b>15. Birthplace</b> <u>JOHNSON CITY TENN.</u>		<b>Major findings of operations</b> _____		<b>Date of op.</b> _____	
<b>16. Informant</b> <u>HARRY C. BURGER.</u>		<b>Address</b> <u>1341 FAIRMONT ST. NW. WASH. D.C.</u>		<b>Autopsy results</b> _____		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>	
<b>17. Burial</b> <u>Int Lincoln</u>		<b>Date thereof</b> <u>Mar 30, 1946</u>		<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>(Burial, cremation, or removal. Which?)</b>		<b>(month) (day) (year)</b>		<b>Accident, suicide, or homicide</b> <u>suicide</u>		<b>Date of</b> <u>3-27-46</u>	
<b>Cemetery or crematory</b> <u>Washington D.C.</u>		<b>Location</b> <u>F. Cascha sons</u>		<b>Where did injury occur?</b> <u>Hyattsville W.D. Wm</u>		<b>(City or town) (County) (State)</b>	
<b>18. Funeral director</b> <u>F. Cascha sons</u>		<b>Address</b> <u>Hyattsville Md.</u>		<b>Injured at home, farm, industry, public place (where?)</b> <u>Home</u>		<b>Means of injury</b> <u>turned gas stove on</u>	
<b>Date rec'd by registrar</b> <u>March 30 46</u>		<b>Registrar</b> <u>James Seery</u>		<b>23. SIGNATURE</b> <u>James Seery</u>		<b>M. D. or other</b>	
				<b>Address</b> <u>Hyattsville Md.</u>		<b>Date signed</b> <u>3-29-46</u>	

02861

RECEIVED  
APR 2 1946  
BUREAU V & H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of sex  
& color is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *SD*

02862

FILM No. I O 1 MAR 29 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. *234*

### 1. PLACE OF DEATH:

County *Prince Georges*  
City or town *Oxon Hill Md.*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Pr. Geo. Co.*  
City or town *Oxon Hill, Maryland*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. *6820- Oxon Hill Road*  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

*Margie Clifton Davis*

### 3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *James Olin Davis*

7. Birth date of deceased (mo., day, yr.) *Jan. 7th. 1897* 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years *49* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace *Burketown, Va.*

(Town, county, and state)

10. Usual occupation *Housewife*

### 11. Industry or business

*William P. Hanger*

12. Name *Va.*

13. Birthplace *Susan F. Rhodes*

14. Maiden name *Va.*

15. Birthplace

16. Informant *Mr. James Olin Davis*

Address *6820- Oxon Hill Road*

17. Burial Date thereof *March 16th. 1946*  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Cedar Hill Cemetery*

Location *Suitland, Maryland*

18. Funeral director *Thomas J. Murray*

Address *2007- Nichols Ave. S. E. Wash. D. C.*

19. *March 15 1946* *Howard J. Ball*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *March 14 1946* at *9 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 1 1946* to *March 12 1946* and that I last saw him/her alive on *March 12 1946*

Immediate cause of death

*Carcinoma of R.L. Breast with metastases*

DURATION

*2 yrs.*

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

*Rhinea removed* Date of op. *Sept 19 46*

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE *Frederick H. Yett* M. D. member  
Address *Washington 19* Date signed *3/15/46*



RECEIVED  
MAR 22 1946  
BUREAU V. S.

VS A15-19-45-1

Address Capt. H. H. Henshaw, Md. Date signed 2/7/46

RECEIVED  
MAR 9 1946  
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

02864

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... Hyattsville, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? nine years  
 Hospital, institution, or street address where death occurred:  
Ager Road, Riggs Farm, Hyattsville  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Prince George's  
 City or town... Upper Road, Hyattsville Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Ager Rd, Riggs Farm  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Lucinda Delaney

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife James Henry Delaney  
(deceased) 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 76 Months - Days - If less than one day  
 hrs. min.

9. Birthplace Charles Co, Maryland  
 (Town, county, and state)

10. Usual occupation Lived with daughter

11. Industry or business unemployed

12. Name Ely King

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mary Dent: (daughter)

Address Ager Road, Riggs Farm, Hyattsville Md.

17. Burial Date thereof Mar 27, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory John Wesley Cemetery

Location Aquasco Md.

18. Funeral director F. Busch's sons

Address Hyattsville Md.

19. Mar 29 1946 James Severo

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated that I attended deceased from  
Nov 20 1945 to March 24 1946  
 and that I last saw her alive on March 23 1946

Immediate cause of death Myocarditis

Acute

Paralysis - Rt. Side

Due to Astoria Delaney

Due to Age, work done in

milder age

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE William H. Spiller M.D.

Brentwood Md. M. D. or other

Date signed 3-24-46

Registrar

CERTIFICATE OF DEATH

RECEIVED

MAR 29 1946

BUREAU V.S.

Evidence for change of age  
of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-2

CERTIFICATE OF DEATH

Reg. Dist. No. 231

FILM No. I O 1 APR 1 - 1946

1. PLACE OF DEATH:

County Pro Geo County  
City or town Cheverly Maryland.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 23 hrs 15 minutes  
Hospital, institution, or street address where death occurred:  
Prince Georges Hospital  
How long in hospital or institution? 23 hrs 15 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Pro Geo Co  
City or town 3416 39th st  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Colmar Manor Maryland.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME

George A Drury

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Annie Drury  
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1876  
8. AGE: Years 68 69 Months 9 Days If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Chicken farmer

11. Industry or business

12. Name Thomas J. Drury

13. Birthplace Maryland

14. Maiden name Annie Gurtin

15. Birthplace Maryland.

16. Informant Mrs Bonnie Wagner

Address Colmar Manor Maryland.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Mar 25, 1946  
(month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Bladensburg Maryland

18. Funeral director F. Gasch's Sons

Address Hyattsville Maryland.

19. 3/25 19 46 Amanda Drury  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 46 at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 46 to March 21 19 46  
and that I last saw him alive on Mar 20 19 46

Immediate cause of death Acute Pulmonary edema

Due to Nephrosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy result See above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C Van Natta M. D. or other

Address Washington 19 DC Date signed 3/23/46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 26 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

## CERTIFICATE OF DEATH

02866

Reg. Dist. No. 232

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Westwood  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? All his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Seven hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince GeorgesCity or town Westwood, Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Cesar Edward Duckett

## 3.(b) Social Security Number

4. Sex Male5. Color or race Caucasian6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Mary R. Duckett7. Birth date of deceased (mo., day, yr.) May 1 - 1875

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 70 Months 10 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Prince Georges  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Richard Duckett13. Birthplace Md. Westwood14. Maiden name Jane Johnson15. Birthplace Md16. Informant John R. DuckettAddress Westwood, Md17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar. 5 - 1946  
(month) (day) (year)Cemetery or crematory Brook'sLocation Weylers, Md18. Funeral director J. B. JohnsonAddress Baltimore19. March 25 - 1946 Registrar John E. Bowers

(Date Rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 19 46 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 23 19 46 to Mar 2 19 46and that I last saw him alive on Feb 23 19 46Immediate cause of death Cerebral Sclerosis

DURATION

2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE John E. Bowers, M.D.

M. D. or other

Address Prandysville, Md Date signed 3/2/46

RECEIVED

MAR 4 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-t

## CERTIFICATE OF DEATH

Reg. Dist. No. 0286

243

1. PLACE OF DEATH:  
County..... Prince George's  
City or town..... (rural) Glenn Dale, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 12 days  
Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
How long in hospital or institution?..... 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... D. C. County.....  
City or town..... Washington  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 3020 Dent Place N. W.  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

DULIN, NORMAN M.

3. (b) Social Security Number

-

4. Sex..... Male  
5. Color or race..... White  
6. (a) Single, married, widowed, or divorced..... Widowed  
6. (b) Name of husband or wife..... Eleanor Dulin (Dec.)  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.)..... Sept. 26, 1876  
8. AGE: Years..... 69 Months..... 5 Days..... 26 If less than one day..... hrs. .... min.

9. Birthplace..... Washington, D. C.  
(Town, county, and state)  
10. Usual occupation..... Guard (retired - Govt.)  
11. Industry or business.....  
12. Name..... James C. Dulin  
13. Birthplace..... Washington, D. C.  
14. Maiden name..... ? Hale  
15. Birthplace..... Washington, D. C.  
16. Informant..... Decedent

Address.....  
17. Removal..... Date thereof..... Mar. 25, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory.....  
Location..... to Washington, D. C.  
18. Funeral director..... W.W. Chambers Co  
Address..... 1400 - Chapin ST. N.W. Wash. D.C.  
19. Mar. 24 1946 Rowland S. Phillips  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 24, 1946, at 6:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/12 1946 to 3/24 1946  
and that I last saw him alive on 3/24 1946

Immediate cause of death..... pulmonary tuberculosis  
DURATION..... 6 mos.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op. ....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) .....  
Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinucane M.D.  
Address..... Glenn Dale, Md. Date signed 3/24/46  
M. D. or other

RECEIVED

APR 4 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

## CERTIFICATE OF DEATH

Reg. Dist. No. 028643 243

## 1. PLACE OF DEATH:

County Prince George's  
 City or town (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 yr., 10 mos., 4 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 1 yr., 10 mos., 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County \_\_\_\_\_  
 City or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1741 T. St. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

Henry C Dunkins

## 3. (b) Social Security Number

577-01-8453

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mary C. Dunkins  
 6.(c) If alive, give age 45 years  
 7. Birth date of deceased (mo., day, yr.) June 18, 1903  
 8. AGE: Years 42 Months 8 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Stafford, Virginia  
 (Town, county, and state)  
 10. Usual occupation Truck Driver  
 11. Industry or business \_\_\_\_\_  
 12. Name Henry Dunkins  
 13. Birthplace Widewater, Virginia  
 14. Maiden name Cornelia Coleman  
 15. Birthplace Widewater, Virginia

16. Informant Decedent  
 Address \_\_\_\_\_  
 17. Removal to Date thereof Mar 8, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory \_\_\_\_\_  
 Location Washington, D.C.  
 18. Funeral director Thomas L. Lrazier  
 Address 389 Radcliff Ave. N.W., Wash. D.C.  
Mar. 8, 46 Rowland S. Philips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH march 8, 1946, at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4, 1944 to march 8, 1946  
 and that I last saw him alive on march 8, 1946

Immediate cause of death \_\_\_\_\_ DURATION  
Pulmonary Tuberculosis 25 Mos  
 Due to \_\_\_\_\_  
Tubercular Laryngitis 7 Mos  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Daniel Leo Pineas M.D. M. D. or other \_\_\_\_\_  
 Address Glenn Dale Md Date signed 3/8/46

RECEIVED  
MAR 15 1946  
BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02869

## 1. PLACE OF DEATH

County Prince George Registration Dist. No. 239  
 Village or City Land R. F. D. V No.        St.        Ward         
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 45 yrs. mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Mary R. EastonIf U. S. Veteran, specify WAR       

(a) Residence: No. Montgomery Rd St.        Ward.         
 (Usual place of abode) If nonresident give city or town and State       

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George Easton</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 15, 1863</u>		
7. AGE <u>83</u>	Years <u>1</u>	Months <u>6</u>
If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Practical Nurse</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>      </u>	
	10. Date deceased last worked at this occupation (month end year) <u>      </u>	
		11. Total time (years) spent in this occupation <u>      </u>

FATHER	12. BIRTHPLACE (city or town) <u>Howard Co</u> (State or country) <u>MD</u>
	13. NAME <u>Samuel Gover</u>
MOTHER	14. BIRTHPLACE (city or town) <u>Howard Co</u> (State or country) <u>MD</u>
	15. MAIDEN NAME <u>Catherine Snyder</u>
	16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country) <u>      </u>
17. INFORMANT <u>Mrs. India Ridgely</u> (Address) <u>Elliot City R. F. D.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Hill</u> Date <u>Mar 24, 1946</u>	
19. UNDERTAKER <u>Ridgely Selby</u> (Address) <u>401 South E. Lane</u>	
20. FILED <u>Mar 24, 1946</u> <u>M. Broome</u> Registrar	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>much</u> <u>21</u> <u>1946</u> (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from <u>July</u> <u>1940</u> to <u>March</u> <u>1946</u> I last saw him alive on <u>Mar 20</u> <u>1946</u> ; death is said to have occurred on the date stated above, at <u>3 A. M.</u> The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Ehr. Cholelithiasis</u> <u>1930</u> <u>Ehr. Myocarditis</u> <u>1940</u> <u>Syphilis</u> <u>1940</u> Other Contributory Causes of importance: <u>Arteriosclerosis</u> <u>1940</u> <u>Acute Cardiac Dis.</u> <u>3-21-46</u> Name of operation <u>      </u> Date of <u>      </u> What test confirmed diagnosis? <u>      </u> Was there an autopsy? <u>      </u>
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>      </u> Date of injury <u>      </u> , 19 <u>      </u> Where did injury occur? <u>      </u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. <u>      </u>
Menner of Injury <u>      </u> Nature of Injury <u>      </u>
24. Was disease or injury in any way related to occupation of deceased? <u>      </u> If so, specify <u>      </u> (Signed) <u>B. L. Warren</u> M. D. (Address) <u>      </u>



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

## CERTIFICATE OF DEATH

Reg. Dist. No. 02870 245

## 1. PLACE OF DEATH:

County... Prince George  
 City or town... Mt. Rainier  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 2 yrs + 4 months  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince George  
 City or town... Mt. Rainier  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 4305 Xaywood dr.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George J. Farrell

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mildred L. Farrell

7. Birth date of

deceased (mo., day, yr.) Oct. 1<sup>st</sup> 1901

6. (c) If alive, give age years

8. AGE:

45

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Georgia

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Thos. J. Farrell

13. Birthplace

Georgia

MOTHER

14. Maiden name

Mary Ryan

15. Birthplace

Georgia

16. Informant

Mrs. Mildred L. FarrellAddress 4305 Xaywood Drive Mt. Rainier Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof March 12<sup>th</sup> 1946  
(month) (day) (year)

Cemetery or crematory

Arlington National

Location

Arlington Va.

18. Funeral director

Wm. J. KellyAddress 3200 E. Ave. Mt. Rainier Md.Date March 10 1946  
(Date rec'd by registrar)

19.

James Berry

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9 March 1946 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9 Mar 1946 to 9 Mar 1946  
 and that I last saw him alive on 9 Mar 1946

Immediate cause of death

Myocardial Infarction

DURATION

5 Hours

Due to

Coronary Thrombosis

Due to

Coronary arteriosclerosis undet.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel J. N. Sugar M.D.Address 4218 28<sup>th</sup> St. Mt. Rainier Md. Date signed 10 Mar 46

NAVY AND MARINE CORPS DEPARTMENT OF THE NAVY

OFFICE OF THE SECRETARY OF THE NAVY

CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF THE NAVY

1

RECEIVED  
MAR 12 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02871

Reg. Dist. No. 243

<b>1. PLACE OF DEATH:</b> County... <u>Prince George's</u> City or town... <u>(rural) Glenn Dale, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>1 yr., 4 mos., 6 days</u> Hospital, institution, or street address where death occurred: <u>Glenn Dale Sanatorium</u> How long in hospital or institution? <u>1 yr., 4 mos., 6 days</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>D. C.</u> County... City or town... <u>Washington</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>3750 Fordham Rd. N. W.</u> (If rural, give LOCATION) 2.(a) If veteran, name war...											
<b>3. (a) FULL NAME</b> <u>FLYNN STELLA G.</u>				<b>3. (b) Social Security Number</b> <u>None</u>											
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widowed</u>											
<b>6. (b) Name of husband or wife</b> <u>Joseph D. Flynn (dec.)</u>				<b>6. (c) If alive, give age</b> ... years											
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>September 4, 1883</u>				<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>62</u></td> <td><u>6</u></td> <td><u>18</u></td> <td>.....hrs. ....min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>62</u>	<u>6</u>	<u>18</u>	.....hrs. ....min.
Years	Months	Days	If less than one day												
<u>62</u>	<u>6</u>	<u>18</u>	.....hrs. ....min.												
<b>9. Birthplace</b> <u>Oil City, Pennsylvania</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>											
<b>11. Industry or business</b>				<b>12. Name</b> <u>Michael Geary</u>											
<b>13. Birthplace</b> <u>Ireland</u>				<b>14. Maiden name</b> <u>Catherine Flanagan</u>											
<b>15. Birthplace</b> <u>Erie, Pennsylvania</u>				<b>16. Informant</b> <u>Decedent</u> Address											
<b>17. Removal</b> (Burial, cremation, or removal. Which?) Cemetery or crematory... Location... <u>to Washington, D.C.</u> <b>18. Funeral director</b> <u>W.W. Chambers Co.</u> Address <u>1400 Chapin St. NW-Wash</u>				<b>20. DATE OF DEATH</b> <u>March 22</u> 19 <u>46</u> at <u>11:30</u> A.M. <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>11/6</u> 19 <u>44</u> to <u>3/22</u> 19 <u>46</u> and that I last saw h. <u>et</u> alive on <u>3/22</u> 19 <u>46</u> <b>Immediate cause of death</b> <u>pulmonary tuberculosis</u> <b>DURATION</b> <u>18 mos.</u> Due to... Due to... Other conditions... (Include pregnancy within 3 months of death) <b>Major findings of operations</b> ... Date of op. ... <b>Autopsy results</b> ... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.											
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide... Date of ... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				<b>23. SIGNATURE</b> <u>Daniel Leo Pinneane M.D.</u> M. D. or other <u>Glenn Dale, Md.</u> Date signed <u>3/22/46</u>											

19. Mar 22 1946 (Date rec'd by registrar)

Registrar

RECEIVED

MAR 30 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 992

## CERTIFICATE OF DEATH

Reg. Dist. No. 02872 231

## 1. PLACE OF DEATH:

County Prince Georges  
 City or town Landoner  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
6307 - Osborne Drive  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince Georges  
 City or town Landoner  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 6307 - Osborne Drive  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Joyce Zimena Taggins

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 2, 1945 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months 3 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Landoner, Md  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name husband13. Birthplace husband14. Maiden name Sela Taggins15. Birthplace Virginia16. Informant Sela TagginsAddress Landoner, Md

17. Removal Removal Date thereof Mar. 19, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.  
Robert J. McShine

18. Funeral director

Address 1810-94 St NW

19. 3/19 19 46 Amundson County  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1946 at 5:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death Coronary heart failure  
 Due to Tuberculosis

Due to Bronchopneumonia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. J. McShine M. D. or other \_\_\_\_\_

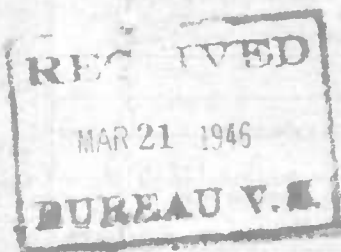
Address 7 results rest Date signed 3-19-46



UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

*Not on file*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02873

★ Reg. Dist. No. 243.

## 1. PLACE OF DEATH:

County Prince George's  
 City or town (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 mos., 7 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 7 mos., 7 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State D. C. County \_\_\_\_\_  
 City or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1320 Harvard St. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

THOMAS E FUNDERBURK

## 3. (b) Social Security Number

579-16-5505

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife May L. Funderburk  
 6. (c) If alive, give age 46 years  
 7. Birth date of deceased (mo., day, yr.) January 9, 1903  
 8. AGE: Years 43 Months 2 Days - If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Lancaster, South Carolina  
 (Town, county, and state)  
 10. Usual occupation Salesman  
 11. Industry or business \_\_\_\_\_  
 12. Name Thomas Funderburk  
 13. Birthplace Lancaster, South Carolina  
 14. Maiden name Beulah Cameron  
 15. Birthplace North Carolina

16. Informant Decedent  
 Address \_\_\_\_\_  
 17. Removal to Date thereof Mar 9 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory 139 N. Potomac St. Hyattsville, Md.  
 Location Fun. W. House  
 18. Funeral director Fun. W. House  
 Address Hyattsville, Md.  
 19. Mar 9, 46 Rowlands S. Philips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH March 9<sup>th</sup> 1946 at 3 05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2<sup>nd</sup> 1945 to March 9<sup>th</sup> 1946 and that I last saw him alive on March 9<sup>th</sup> 1946

Immediate cause of death \_\_\_\_\_ DURATION 3 yrs 14 mos.  
Pneumonia Tuberculosis  
 Due to Pneumonia Hemorrhage  
 Due to glutal  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Daniel Leo Pinckney M.D. M. D. or other  
 Address Glenn Dale, Md. Date signed 3/9/46

RECEIVED  
MAR 19 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

## CERTIFICATE OF DEATH

Reg. Dist. No. 02874 245

### 1. PLACE OF DEATH:

County..... Prince Georges  
City or town..... Riverdale, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 19 hours  
Hospital, institution, or street address where death occurred:  
Leland Memorial Hospital  
How long in hospital or institution?..... 19 hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Pr. Geo.  
City or town..... Takoma Park,  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 605 Ethan Allen Ave.  
(If rural, give LOCATION)  
Not  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Gomez, Vincent Paul

### 3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
6.(b) Name of husband or wife..... Virginia Katherine Gomez  
6.(c) If alive, give age..... 37 years  
7. Birth date of deceased (mo., day, yr.)..... July 14, 1909  
8. AGE: Years..... 36 Months..... 8 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... New York City  
(Town, county, and state)  
10. Usual occupation..... Central Office Repairman  
11. Industry or business..... The C. & P. Tel. Co.  
12. Name..... Garcia Gomez  
13. Birthplace..... Cuba  
14. Maiden name..... Elizabeth E. Gomez  
15. Birthplace..... Trinidad

16. Informant..... Virginia K. Gomez  
Address..... 605 Ethan Allen Ave., Tak. Pk. Md.  
17. removal Date thereof..... March 30, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Funeral Home  
Location..... 2901 14th St. N.W. Wash. D.C.  
18. Funeral director..... G. H. Jones Co.  
Address..... 2901 14th St. N.W.  
19. Mar 30 1946 James Severe  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 30, 1946, at 9:10A M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4th 1946 to March 30, 1946  
and that I last saw him alive on March 30, 1946  
Immediate cause of death..... Carcinoma of liver  
DURATION..... 3 yrs.  
Due to.....  
Due to.....  
Other conditions.....

(Include pregnancy within 3 months of death)  
Major findings of operations..... Operation at Sibley Hospital  
May 1st, 1943 - Carcinoma of Liver  
Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury..... 605 Ethan Allen Ave. injured at work?

23. SIGNATURE..... Delmer J. Brown, M.D. M. D. or other  
Address..... 45 Carroll Ave. Tak. Pk. Md. Date signed..... 3/1/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

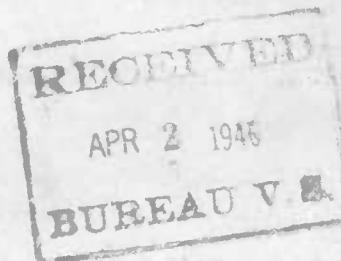
Pr. Geo.

Maryland

Takoma Park

605 Ethan Allen Ave.

Not



March 30, 46 9:10A

March 4th 46  
March 30, 46  
Circulation of liver

3 yrs.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

## CERTIFICATE OF DEATH

02875 237  
★ Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....*Pr. George*  
City or town.....*Aquasco*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....*Maryland* County.....*Pr.*  
City or town.....*Aquasco*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*James McDaniel Gross*

## 3. (b) Social Security Number

4. Sex.....*M* 5. Color or race.....*Col.* 6.(a) Single, married, widowed, or divorced.....*married*

## B.(b) Name of husband or wife.....

*Nellie Gross*7. Birth date of deceased (mo., day, yr.).....*Oct. 4, 1876* 8.(c) If alive, give age..... years8. AGE: Years.....*69* Months.....*4* Days.....*24* If less than one day..... hrs. min.B. Birthplace.....*Aquasco, Md.*  
(Town, county, and state)10. Usual occupation.....*Chapman*11. Industry or business.....*private family*12. Name.....*Henry Gross*13. Birthplace.....*Aquasco, Md.*14. Maiden name.....*Charity Chapman*15. Birthplace.....*Aquasco, Md.*16. Informant.....*Colbert E. Banks*Address.....*Aquasco, Md.*17. Burial.....*Burial* Date thereof.....*3/14/46*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....*John Wesley M.E.*Location.....*Aquasco, Md.*18. Funeral director.....*Wendell H. Ryan*Address.....*Waldon, Md.*19. Date rec'd by registrar.....*March 9, 1946* Registrar.....*Miss Lily B. Carter*

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*March 1st* 19*46*, at *9 P.* M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan.* 19*42*, to *March 1st* 19*46*, and that I last saw him alive on *March 1* 19*46*.Immediate cause of death.....*Arterial thrombosis* DURATION.....Due to.....*arterio sclerosis*

Due to.....

Other conditions.....*Chr. intestinal neglectis*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

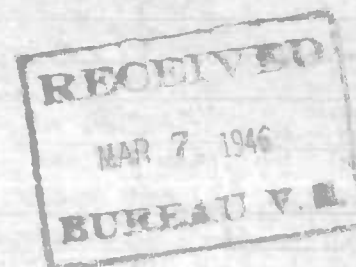
Means of injury..... Injured at work?

23. SIGNATURE.....*Richard Lee Silvestri* M. D. or otherAddress.....*3140 Blumfield Rd.* Date signed.....*3-5-46*

RECEIVED TO THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

13441





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

02876

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County Pro. Geo. CountyCity or town Hyattsville Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pro. Geo. CoCity or town Hyattsville Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4209 - Queensbury Rd.  
(If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (a) FULL NAME

Rudolph Jack Guchik

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

white

## 6. (A) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Clara a Guchik

## 7. Birth date of

deceased (mo., day, yr.)

She 12, 18926. (c) If alive, give age 47 years

## 8. AGE:

Years

Months

Days

If less than one day

53

hrs. min.

## 9. Birthplace

Chicago Ill

(Town, county, and state)

## 10. Usual occupation

Machinist

## 11. Industry or business

navy yard Washington D.C.

## FATHER

## 12. Name

unknown

## 13. Birthplace

Germany

## MOTHER

## 14. Maiden name

unknown

## 15. Birthplace

Germany

## 16. Informant

Address

Clara a GuchikHyattsville Md.

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

Burial March 6, 1946

(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Virginia

## 18. Funeral director

Address

F. Gasch's sonsHyattsville Md.

## 19.

(Date rec'd by registrar)

Mar. 41946James Bevery

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1946, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1, 1943, to March 3, 1946  
and that I last saw him alive on March 3, 1946

Immediate cause of death

Carcinoma of LungCarcinomatousDue to past few mo.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

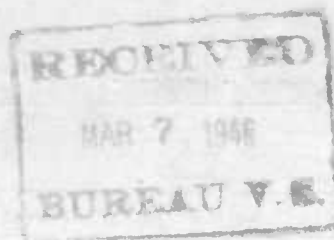
Thos. Bevery

M. D. or other

Address

Hyattsville Md. Date signed March 3, 1946





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
surname shown on Film G101

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 22

4/4/46 dm. Birth Certificate. **CERTIFICATE OF DEATH**

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince George General Hospital

City or town Chester  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:  
Prince George General Hospital

How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt. Rainier  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4201 Rossitten  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

David H. Harman

## 3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

/

6. (b) Name of husband or wife

Evelyn Harman

7. Birth date of

deceased (mo., day, yr.) Feb. 19 - 1906

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

40

1

27

hrs.

min.

9. Birthplace

(Town, county, and state)

Delaware

10. Usual occupation

Retired Accountant

11. Industry or business

HARMAN

MOTHER FATHER

12. Name

David Harman

13. Birthplace

Pa.

14. Maiden name

Lula Barker

15. Birthplace

Pa.

16. Informant

Mrs. Evelyn Harman

Address

4201 Rossitten, Mt. Rainier

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 27, 1946

Cemetery or crematory

Location

The S.H. Hines Co

18. Funeral director

Address

2901 14th St NW Wash. D.C.

19. (Date rec'd by registrar)

3/27

19. 46

Amanda Doney

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

3 - 27 - 1946 at 8:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4 - 16 - 1942 to 3 - 27 - 1946

and that I last saw him alive on

3 - 26 - 1946

Immediate cause of death

Rheumatic Heart

Prone - mitral stenosis

DURATION

2 1/2 years

Due to

Due to

Other conditions

Acute Bacterial

Infection

(Include pregnancy within 3 months of death)

3 days

Major findings of operations

Date of op.

Autopsy results

See Cause of Death

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. B. Mays, M.D.

M. D. or other

Address

3303 Perry St. Mt. Rainier

Date signed 3-27-46

incl

RECEIVED

MAR 29 1946

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH 03123

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

### 1. PLACE OF DEATH:

County Prince George's  
City or town Bradbury Heights  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 9 months  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo.  
City or town Bradbury Heights  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4603 Shadyside Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

William Edward Harrison

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
B.(b) Name of husband or wife Bertha May Harrison B.(c) If alive, give age 60 years  
7. Birth date of deceased (mo., day, yr.) not accurately known  
8. AGE: Years 62 Months — Days — If less than one day — hrs. — min.

9. Birthplace Washington, D.C.  
(Town, county, and state)  
10. Usual occupation House Painter  
11. Industry or business Painting for D.C.  
FATHER 12. Name not known  
13. Birthplace Washington, D.C.  
MOTHER 14. Maiden name not known  
15. Birthplace Washington, D.C.

18. Informant M. E. Harrison  
Address 4603 Shadyside Ave. Brad Hg. Md.  
17. Burial Burial Date thereof 3/30/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Wash National  
Location 4101 - Seitzland Rd. Md.  
18. Funeral director Wm J. Nalley  
Address 522-8th St. St.

19. March 28 1946 James SEVEN  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 27<sup>th</sup> 1946 at 10:40 a.m.  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1945 to March 1946 1946  
and that I last saw him on March 27 1946 1946  
Immediate cause of death Cardiac Infarction  
not accurately known  
Due to Arteriosclerosis  
Due to Age  
Other conditions Cardiac Arthrum - not known

(Include pregnancy within 3 months of death)  
Major findings of operations — Date of op. —  
Autopsy results —  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide — Date of —  
Where did injury occur? — (City or town) — (County) — (State)  
Injured at home, farm, industry, public place (where?) —  
Means of injury — Injured at work? —

23. SIGNATURE Arthur N. Meloy M.D. or other  
Address 4400 Bowen Rd 3-27-46  
Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 22 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 02878 242

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Silver Hill  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one year

Hospital, institution, or street address where death occurred:

2911- Branch Ave NE

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Silver Hill  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 2911- Branch Ave NE  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Edward Sherman Howard

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

Beula G. Howard

## 7. Birth date of deceased (mo., day, yr.)

May 22, 1887

6. (c) If alive, give age years

## 8. AGE:

Years

58

Months

10

Days

9

If less than one day

hrs.min.

## 9. Birthplace

New York  
 (Town, county, and state)

## 10. Usual occupation

aster path

## 11. Industry or business

## MOTHER

## FATHER

## 12. Name

Edward W.S. Howard

## 13. Birthplace

Canada

## 14. Maiden name

Susie Morton

## 15. Birthplace

Mass

## 16. Informant

Edward William Howard

## Address

#108-K 10th St. Wash DC

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Apr 3, 1946  
 (month) (day) (year)

## Cemetery or crematory

Cedar Hill

## Location

Wash. D.C. Suitland

## 18. Funeral director

Mortimer H. Hyman Co

## Address

300 N. H. N. H. Wash D.C.

## 19.

(Date rec'd by registrar)

1946Thos. D. Lupton

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1946, at 11:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death

Acute congestive heart failure  
Cardiovascular renal disease

## DURATION

Due to.....

Other conditions Acute alcoholism

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

deputy medical examiner23. SIGNATURE James T. Lupton M.D. or otherAddress Forestville Md Date signed 3-31-46

RECEIVED

CERTIFICATE OF DEATH

STATE OF TEXAS

DEPARTMENT OF HEALTH





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

### 1. PLACE OF DEATH:

County Prince George  
City or town Cheverly, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 days  
Hospital, institution, or street address where death occurred:  
Prince George's General Hosp. Md.  
How long in hospital or institution? 4 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Prince George  
City or town Colman Manor  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4317 Newark Rd.  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Clarence Hoyt

### 3. (b) Social Security Number

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced 1

6. (b) Name of husband or wife Carric Hoyt.

7. Birth date of deceased (mo., day, yr.) May 26 - 1885 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 57 Months 10 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (Town, county, and state) Pa.

10. Usual occupation line type operator

11. Industry or business

12. Name Willard Hoyt

13. Birthplace Pa.

14. Maiden name

15. Birthplace

16. Informant Mrs. Carric Hoyt

Address 4317 Newark Road, Colman Manor Md.

17. Burial Date thereof Mar 27, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location colman Manor Md

18. Funeral director L. G. G. sons

Address Hyattsville Md

19. 3/24 46 Amanda Journey  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1946, at 2:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 1946 to Mar 24 1946 and that I last saw h. l. alive on Mar 24 1946

Immediate cause of death Chronic ulcerative colitis, Hemorrhagic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic atrophic ulcerative gastritis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John D. Maloney, M.D.

Address Hyattsville Md M. D. or other \_\_\_\_\_

Date signed 3-25-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 28 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

## CERTIFICATE OF DEATH

Reg. Dist. No. 02880 242

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Takoma Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
54th Ave  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's  
 City or town Takoma Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 54th Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Bernard Cordell Johnson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 5, 1945 6.(c) If alive, give age 19 years8. AGE: Years 1 Months 8 Days 8 It less than one day hrs. min.9. Birthplace Washington DC  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Joseph Johnson13. Birthplace Virginia14. Maiden name Elizabeth Reed Russell15. Birthplace Maryland16. Informant Joseph JohnsonAddress Takoma Park, MD17. Removal Date thereof Jan. 13-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Washington, DC18. Funeral director John J. StewartAddress 3045 2nd St19. 1-14 1946 Carrie F. Campbell  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1946, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1-13-46Where did injury occur? Takoma Park, MD  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Motor car Injured at work? No23. SIGNATURE James J. Taylor M. D. or otherAddress Herndon, VA Date signed 1-13-46

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

RECEIVED

MAR 18 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02881

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince George's

City or town Cedar Heights  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:  
1007 62nd Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Cedar Heights  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1007 62nd Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war World War # 1

## 3. (a) FULL NAME

Jacob Johnson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) August 8, 1989

8. AGE: Years 56 Months Days If less than one day hrs. min.

9. Birthplace Virginia  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Henry Johnson

13. Birthplace Va.

14. Maiden name Lucy Mauns

15. Birthplace Va.

16. Informant Geneva Henderson

Address 1003 62nd Ave., Cedar Heights

17. Removal Date thereof May 6, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Washington Funeral Home

Location Washington, D.C.

18. Funeral director J. H. Hasch's Sons

Address Hyattsville, Md.

19. 3/6 46 Amanda Downey  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1946, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death DURATION

Acute congestive heart failure

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Deputy Medical Examiner

23. SIGNATURE James D. [Signature] M. D. or other

Address Forestville, Md. Date signed 3-6-46

CERTIFICATE OF DEATH

RECEIVED  
MAR 8 1946  
BUREAU VI



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County Prince George'sCity or town Principles Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 47 days

Hospital, institution, or street address where death occurred:

4408 - Queensbury RoadHow long in hospital or institution? 47 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County City or town Washington  
(If outside city or town limits, write RURAL and give nearest town)Street No. 3725 - 12th St. N.E.  
(If rural, give LOCATION)2(a) If veteran, name war ✓

## 3. (a) FULL NAME

Edward A. Keefer

## 3. (b) Social Security Number

## 4. Sex

m

## 5. Color or race

white

## 6. (a) Single (married) widowed, or divorced

## 6. (b) Name of husband or wife

Mrs. Gertrude Dooly Keefer6. (c) If alive, give age 520 years

## 7. Birth date of

deceased (mo., day, yr.)

Jan 1, 1883

## 8. AGE:

Years

Months

Days

If less than one day

63225

hrs.

min.

## 9. Birthplace

Washington, D.C.  
(Town, county, and state)

## 10. Usual occupation

Painter

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Joseph Oscar Keefer

## 13. Birthplace

Virginia

## 14. Maiden name

Rachelia E. Winfield

## 15. Birthplace

Virginia

## 16. Informant

Address

4408 Queensbury Road  
Removal

## 17. (Burial, cremation, or removal. Which?)

Date thereof

MAR 25/46  
(month) (day) (year)

## Cemetery or crematory

## Location

Washington, D.C.

## 18. Funeral director

Address

W. H. Chambers Co.  
517-11th St. S.E.

## 19. (Date rec'd by registrar)

Jan 25 1946

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1946 at  M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19 1946 to Mar 25 1946and that I last saw him alive on Mar 24 1946

Immediate cause of death

Anginal failure

Due to

Hypertensive cardiac disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James G. Hedley  
M. D. or otherAddress 1356 - 6th St. N.W. Date signed



RECEIVED  
MAR 26 1946  
BUREAU V 8.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

02883

Reg. Dist. No. 2445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Leland Memorial Hospital

How long in hospital or institution? 6 days

## 3. (a) FULL NAME

Mr. John Alexander Kennedy

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb. 12, 1874

8. AGE:

72

Years

Months

1

Days

14

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Standard Oil Co.

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Removal

Date thereof

18. Funeral director

Address

19. Date rec'd by registrar

Registrar

20. Date of death

21. I certify that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Major findings of operations

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1946, at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1946, to March 26, 1946,

and that I last saw him alive on Nov 25, 1946

Immediate cause of death

Uremia + bronchopneumonia

Due to

Arteriosclerotic Cardiovascular disease +

hemiplegia

Other conditions Probable hypertrophy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

24. Date of death

25. I certify that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Major findings of operations

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

RECEIVED

MAR 28 1946

BUREAU V.S.

ATKINSIAN MEDICAL

WAS CONTAIN

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 0288245

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Berwyn Md  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Residence

Hospital, institution, or street address where death occurred:

5018 Quebec St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Berwyn Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5018 Quebec St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Clarence Wayne Knotts

## 3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mary Ethel Knotts8. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) Aug. 6, 18898. AGE: Years 56 Months 6 Days 25 If less than one day  
.....hrs. ....min.9. Birthplace Indiana  
(Town, county, and state)10. Usual occupation State Police

11. Industry or business

12. Name Frank Knotts13. Birthplace Indiana14. Maiden name Lenora Lee15. Birthplace Indiana16. Informant Hospital Records

Address

17. Burial Date thereof March 5, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Arlington Natl CemeteryLocation Arlington Va.18. Funeral director St. Albans Chambers Co.Address Riverdale Md19. March 3 1946 James Selery  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1946 at 1:17 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 14 1945 to Mar 2 1946  
and that I last saw him alive on Mar 1 1946Immediate cause of death Bronchogenic carcinoma of Rt Bronchus  
DUE TO

DUE TO

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Ch. Rt upper bronchus with  
regional metastases  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. W. Malin md  
M. D. or otherAddress Riverdale, Md Date signed 3-3-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93a

## CERTIFICATE OF DEATH

02903272  
Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Prince George's  
City or town Upper Marlboro  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 1/2 year  
Hospital, institution, or street address where death occurred:  
Craig Highway  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Prince George's  
City or town Upper Marlboro  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Craig Highway  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Heoris Florence Larson

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 13, 1929

8. AGE: Years 16 Months 7 Days 13 If less than one day  
.....hrs. ....min.

9. Birthplace Jamestown N.Y.  
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

12. Name Arl Larson

13. Birthplace Sweden

14. Maiden name Florence Matheson

15. Birthplace Ohio

16. Informant Arl Larson

Address Upper Marlboro Md

17. Burial Date thereof 3-30-46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Thomas

Location Crown, Md.

18. Funeral director Fitch's Brothers

Address Upper Marlboro Md

19. March 29 1946

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1946 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
.....19..... to .....19.....  
and that I last saw him .....alive on .....19.....

Immediate cause of death acute congestive heart failure  
Due to myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Heoris Florence Larson

Address Upper Marlboro Md

Date signed 3-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 30 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02885

Reg. Diat. No.

243

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 mos., 16 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 4 mos., 16 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County \_\_\_\_\_  
 City or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1029 - 22nd St. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

LEACH, TIRSEY, L

## 3. (b) Social Security Number

?

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Allen Leach

## 7. Birth date of

deceased (mo., day, yr.)

May 8, 1917

## 6. (c) If alive, give age

29 ? years

## 8. AGE:

Years

Months

Days

If less than one day

281014

hrs.

min.

## 9. Birthplace

Lumberton, North Carolina

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

## FATHER

## 12. Name

Fred Thompson

## 13. Birthplace

Lumberton, North Carolina

## MOTHER

## 14. Maiden name

Annie Pharr

## 15. Birthplace

Lumberton, North Carolina

## 16. Informant

Decedent

Address

## 17. Removal

(Burial, cremation, or removal. Which?)

Date thereof

Mar 22, 1946  
(month) (day) (year)

Cemetery or crematory

Location

to Washington, D.C.

## 18. Funeral director

Malwan & Seely Inc.

Address

224 - R St N W

## 19. Registrar

Mar 22, 46 Rowland S. Phillips  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

March 22, 1946 at 11:45 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/6 1945 to 3/22 1946  
and that I last saw him at alive on 3/22 1946

## Immediate cause of death

tuberculous  
peritonitis  
pulmonary  
tuberculosis

## DURATION

9 mos.  
9 mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Daniel Leo Pinecone MD  
M. D. or other

## Address

Glenn Dale, Md

## Date signed

3/22/46

RECEIVED

MAR 30 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

243

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 mo., 8 days  
 Hospital, institution, or street address where death occurred:  
 Glenn Dale Sanatorium  
 How long in hospital or institution? 1 mo., 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D. C. County...  
 City or town... Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 740 - 6th St. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... ✓

## 3. (a) FULL NAME

SING FUN LEE

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race Chinese 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife... Neh Shee  
 7. Birth date of deceased (mo., day, yr.) January 17, 1882  
 6. (c) If alive, give age... ? years  
 8. AGE: Years 64 Months 1 Days 19 If less than one day ...hrs. ...min.

9. Birthplace... Yuma City, California  
 (Town, county, and state)  
 10. Usual occupation... Laundry Proprietor  
 11. Industry or business

12. Name... Men Lee  
 13. Birthplace... China  
 14. Maiden name... Shee Wong  
 15. Birthplace... China

16. Informant... Decedent  
 Address

17. Burial Date thereof... Mar 13, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... Fort Lincoln  
 Location... Boulevard & District Line, Prince Georges Co. Md.

18. Funeral director... J. W. M. Lees Sons  
 Address... 300-4th St NE

19. Mar 8, 1946 Rowland S. Phillips  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar. 8, 1946, at 9:43 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28, 1946, to Mar. 8, 1946, and that I last saw him alive on Mar. 8, 1946.

Immediate cause of death... Pulmonary Tuberculosis DURATION 8 mo.

Due to complication Diabetes Mellitus 1 1/2 mo?

Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations...  
 Date of op.

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... Daniel Leo Pinucane M.D.  
 Address... Glenn Dale Md. Date signed... 3/8/46

REC-44-1111  
MAR 15 1946  
BUREAU V.L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02887

245

Reg. Diat. No. ....

## 1. PLACE OF DEATH:

County..... Prince George  
 City or town..... Hyattsville Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 10 1/2 years  
 Hospital, institution, or street address where death occurred:  
 4104 Gallatin St.  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Prince George  
 City or town..... Hyattsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 4104 Gallatin St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Marcus Winfield Lewis

## 3. (b) Social Security Number

4. Sex..... Male

5. Color or race..... White

6. (a) Single, married, widowed, or divorced..... Widowed

6.(b) Name of husband or wife..... Catherine Tavel Lewis

7. Birth date of deceased (mo., day, yr.)..... Apr. 13 1861

6. (c) If alive, give age..... years

8. AGE: Years..... 84 Months..... 10 Days..... 29 If less than one day..... hrs. .... min.

9. Birthplace..... Over Dearborn County Indiana  
(Town, county and state)

10. Usual occupation..... Civil Engineer

11. Industry or business..... retired since July 1932

12. Name..... John Wesley Lewis

13. Birthplace..... Albany County N.Y.

14. Maiden name..... Catherine Kennedy Campbell

15. Birthplace..... Penn.

16. Informant..... Eliza S. Lewis

Address..... 4104 Gallatin St Hyattsville Md

17. Cremation..... Date thereof..... Mar 2 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Lee's Crematorium

Location..... Wash. D.C.

18. Funeral director..... J.W. Lee's Sons Co

Address..... 300 - 4 - St. N.E. - Wash. D.C.

March 2 46 James Sever Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 2 1946, at 5:46 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1932, to Mar 2 1946

and that I last saw him alive on Dec 24 1946

Immediate cause of death..... Heart Block

Due to..... Chl. Big Myocarditis

Due to.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

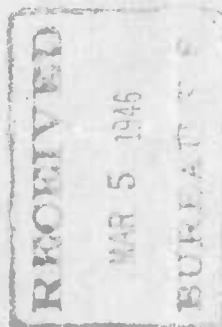
Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....



Prince George County Police notified and  
Released by Mr. Boyd. Prince George, Ontario.  
W. T. Snowdon

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

02888

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

County Prince Georges  
 City or town Capitol Heights  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

602-61st Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Capitol Heights  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 602-61st Ave  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Steven Randall Ligocki

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Bethesda Md  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Edward Stanley Ligocki

13. Birthplace

Illinois

MOTHER

14. Maiden name

Margaret Ann Phillips

15. Birthplace

Va

16. Informant

Mrs Margaret A. Ligocki

Address

602-61st Ave, Capitol Heights

17.

(Burial, cremation, or removal: Which)

Date thereof

Mar 7-46  
 (month) (day) (year)

Cemetery or crematory

Ft Lincoln Bur

Location

Prince Georges Co. Md.

18. Funeral director

Wm B Chambers Co

Address

517-11th St. SE. Wash DC

19.

3-5  
 (Date rec'd by registrar)

19. 46

Carrie F Campbell  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1946 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to .....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Aspiration

DURATION

Due to

Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

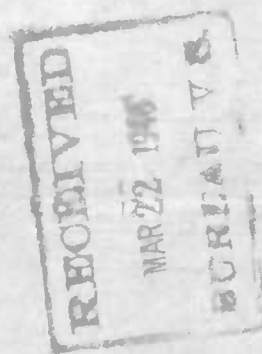
Injured at work?

Deputy Medical Examiner

23. SIGNATURE

James E. Ford  
 Address Forestville near Date signed 3-5-46





Copy sent to Co. H. O. 3/22/46

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

## CERTIFICATE OF DEATH

02889

Reg. Dist. No. 243

### 1. PLACE OF DEATH:

County Prince George's  
City or town Bowie  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6.5 months  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Prince George  
City or town Bowie  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

### 3. (a) FULL NAME

Bernard Adams Maenner

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
6.(b) Name of husband or wife.....  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) March 2, 1859  
8. AGE: Years 87 Months 16 Days 16 If less than one day ..... hrs. .... min.

9. Birthplace Balto Co Md.  
(Town, county, and state)

### 10. Usual occupation

11. Industry or business Retired Farmer

12. Name Suzanne Maenner

13. Birthplace Germany

14. Maiden name Blasing

15. Birthplace Germany

16. Informant Bernard Maenner

Address Bowie Md

17. Burial Date thereof Mar 25 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ascension

Location Bowie Pa. Ave Co

18. Funeral director Martin Haden & Sons

Address Bowie Md

19. March 24 19 46 Wm. J. W. Yingling  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 46 at 8:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29 19 44 to March 22 19 46  
and that I last saw him alive on March 22 19 46

Immediate cause of death Chronic Myocarditis DURATION 5 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Robert J. McManis M.D.

Address Tamilton Md Date signed 3/25/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of birth of deceased is shown on 2411 N. Charles St., Baltimore 1312

# MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change of year of birth of deceased is shown on 2411 N. Charles St., Baltimore 1312

02891

★ Reg. Dist. No. 231

FILM No. 101 APR 16 1946

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH:

County Pro Geo Co.City or town Cherry Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Pro Surge Hospital.How long in hospital or institution? 2 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pro Geo CoCity or town Hyattsville Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5303 Annapolis Rd.:-

(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Hella Marshall

### 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Herman L. Marshall

7. Birth date of deceased (mo., day, yr.)

Sept 1, 1886 1886

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

796

hrs. min.

9. Birthplace

New Hampshire  
(Town, county, and state)

10. Usual occupation

house wife

11. Industry or business

MOTHER FATHER

12. Name

Asel McFarland

13. Birthplace

Mass

14. Maiden name

Lucy Lane

15. Birthplace

unknown

16. Informant

M. Murray Marshall (son)

Address

Hyattsville Md

17. Transportation

Mar 30, 1946

(Bus, trolley, or removal, Which?)

(month) (day) (year)

Cemetery or cremation

Brown

Location

Brown N. Hampshire

18. Funeral director

F. Busche, son

Address

Hyattsville Md.

19.

3/30 46Amanda Draney

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1946, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 22 1946 to Mar 28 1946and that I last saw him alive on Mar. 28 1946

Immediate cause of death

uraemia

DURATION

3 da

Due to

Cardio renal vascular

Due to

Hypertension  
myocardiosis6 yrs.4 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm H. Norton

M. D. or other

Address 3817-34th Mt Rainier Date signed 3-28-46sub

RECEIVED  
APR 2 1946  
BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 743

## CERTIFICATE OF DEATH

02890

Reg. Dist. No. 342

## 1. PLACE OF DEATH:

County Prince Georges

City or town Capital Heights  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Georges

City or town Capital Heights  
(If outside city or town limits, write RURAL and give nearest town)Street No. 6206 Gladys Park Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Joseph Clovis J. Merriam

## 3. (b) Social Security Number

## 4. Sex

M.

## 5. Color of race

W.

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 12 - 1879

## 8. AGE:

Years

Months

Days

if less than one day

66

8

12

hrs.

min.

## 9. Birthplace

Pittsfield Mass.

(Town, county, and state)

## 10. Usual occupation

Supt. Wallow Mills

## 11. Industry or business

Retired

## FATHER

## 12. Name

Joseph Merriam

## 13. Birthplace

## MOTHER

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Mrs Grace Walker

## Address

406 Eldon Drive Chesapeake Va

## 17. Removal

(Burial, cremation, or removal, Which?)

## Date thereof

Mar 24 1946

## Cemetery or crematory

Washington D.C.

## Location

641-H St. N.E. Washington D.C.

## 18. Funeral director

Albert J. Asher

## Address

641-H St. N.E. Wash D.C.

## 19.

3/24

1946

Carrie F. Campbell

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 24-March 1946 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18 July 1944 to 24 March 1946

and that I last saw him alive on 8-March-1946

Immediate cause of death

Coronary thrombosis

## DURATION

10 minutes

Due to

Arterio-sclerosis

2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hazel K. Ammerman

M. D. or other

Address

5440 Ches Hill Rd.

Date signed 24-March-46

Lutland



RECEIVED

APR 1 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1256

## CERTIFICATE OF DEATH

Reg. Dist. No. 02892231

## 1. PLACE OF DEATH:

County Prince GeorgeCity or town Chesley  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 days

Hospital, institution, or street address where death occurred:

Prince George's General HospitalHow long in hospital or institution? 25 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince GeorgeCity or town Mt. Rainier  
(If outside city or town limits, write RURAL and give nearest town)Street No. 3005 Taylor Street  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Milou Mrs. Helen

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Milou Mrs. Howard

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 19098. AGE: Years 36 Months 5 Days 26 If less than one day..... hrs. .... min.9. Birthplace N.C.  
(Town, county, and state)10. Usual occupation H.W.

11. Industry or business

12. Name Billingsley, Rev. J. H.13. Birthplace N.C.14. Maiden name George, Edith15. Birthplace N.C.16. Informant Milou, Mr. Howard (Husband)Address 3005-Taylor St., Mt. Rainier Md.17. Removal (Burial, cremation, removal, Which?) Removal Date thereof Mar. 31, 1946  
(month) (day) (year)Cemetery or crematory Removed to BethesdaLocation Mt. Rainier Cemetery18. Funeral director Mrs. Penfey HumphreyAddress Bethesda, Md.19. March 31, 1946 Amanda Dourney  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1946, at 3:55 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 23 1946 to Mar. 31 1946and that I last saw him alive on Mar. 31 1946Immediate cause of death Primary abscess of liverDue to shyptococcal acute desceptixi 6 weeks

Due to.....

Other conditions Subdiaphragmatic abscess

(Include pregnancy within 3 months of death)

Major findings of operations Subdiaphragmatic abscessDate of op. 3/25/46Autopsy results Liver abscess

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE J. M. Grogan, M.D. M. D. or otherAddress Mt. Rainier, Md. Date signed 3/31/46

DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF THE ADJUTANT GENERAL

*Patented*

VETERAN ADJUTANT

RECEIVED  
APR 3 1946  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 36

02893

## CERTIFICATE OF DEATH

Reg. Dist. No. 240

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Cheltenham  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Prince GeoCity or town Cheltenham md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2 (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Francis Elzare Mudd

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) November 28, 1892 8. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 53 Months 3 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Malden, Mass. Co. Ind  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Bernard A. Mudd13. Birthplace Prince Georges Co. Clinton14. Maiden name Frances Edith Mudd Middleton15. Birthplace Malden, Mass. Co. Ind16. Informant Bernard A. Mudd JrAddress Brandywine, Md17. Burial Date thereof 3-21-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location Maple marble and18. Funeral director Shutt & RyanAddress Waldorf Md19. Mar 20 19 46 F. B. Billingsley  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946, 3:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9, 1946 to March 18, 1946 and that I last saw him alive on March 18, 1946

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Lobar Pneumonia 10 daysDue to Influenza acute

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John E. Bowers M.D. M. D. or other \_\_\_\_\_Address Brandywine Md Date signed 3/18/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 25 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth of deceased is shown on **MARYLAND STATE DEPARTMENT OF HEALTH**  
2411 N. Charles St., Baltimore 46

02894

245

FILM No. I O 1 APR - 9 1946

## CERTIFICATE OF DEATH

★ Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Linn  
City or town Wm. Linn  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md. County Linn  
City or town Wm. Linn  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3502 Perry Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

Edward Mallory O'Brien

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed or divorced

male white single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1891 1890

8. AGE: Years 55 Months Days If less than one day hrs. min.

9. Birthplace Florida (Town, county, and state)

10. Usual occupation Dentist

11. Industry or business

12. Name J. Ed. O'Brien

13. Birthplace Florida

14. Maiden name Catharine Long

15. Birthplace Alabama

16. Informant Mrs. J. H. Jackson

Address 3502 Perry St.

17. Burial Date thereof 3/29/46 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Wm. Linn Blvd. &amp; District Rd.

18. Funeral director Mrs. J. Haller

Address 3200 - P.O. Ave. Wm. Linn Md.

19. March 28 1946 James Sevey (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1946 at 7:56 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-16 1945 to 3-26 1946

and that I last saw him alive on 3-26 1946

Immediate cause of death Coronary artery disease, coronary atherosclerosis, myocardial infarction, hypertensive heart disease, chronic

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Coronary artery disease, atherosclerosis, myocardial infarction, hypertensive heart disease, chronic

Date of op. 10-18-45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. Linn Md. M. D. or other

Address Wm. Linn Md. Date signed 3-27-46

CERTIFICATE OF DEATH

FILE NO.

DATE

2

RECEIVED  
APR 1 1945  
BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02895

Reg. Diat. No. 232

## 1. PLACE OF DEATH:

County Prince George

City or town Crown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Crown  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Maggie Eden

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

colored

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

Machy Eden

## 7. Birth date of deceased (mo., day, yr.)

?

## 6. (c) If alive, give age years

1867

## 8. AGE:

Years

Months

Days

If less than one day

79

## 9. Birthplace

Upper Marlboro, Md.

(Town, county, and state)

## 10. Usual occupation

At home

## 11. Industry or business

## FATHER

## 12. Name

Madison Forbes

## 13. Birthplace

B. Geo. Co., Md.

## MOTHER

## 14. Maiden name

Masha

## 15. Birthplace

B. Geo. Co., Md.

## 16. Informant

Machy Eden (Son)

## Address

Crown, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3-6-46

(month) (day) (year)

## Cemetery or crematory

Rosedale

## Location

Rosedale, Md.

## 18. Funeral director

Ritchie Brothers

## Address

Upper Marlboro, Md.

## 19.

(Date rec'd by registrar)

1946

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1946 at 6:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 1946 to Mar 2 1946

and that I last saw him alive on Mar 2 1946

Immediate cause of death

Congestive Heart Failure  
Coronary-vascular  
Sclerosis

## DURATION

10 months  
1.5 yrs  
about

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James C. Ansel

M. D. or other

Address

Upper Marlboro

Date signed 3-5-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 8 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (212)

## CERTIFICATE OF DEATH

02896 231  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County... Pro Geo Co  
 City or town... Bladensburg Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Pro Geo Co  
 City or town... Bladensburg Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 5017 Quincey Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... \_\_\_\_\_

## 3. (a) FULL NAME

Norris Winfield Payne

## 3. (b) Social Security Number

4. Sex... male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married  
 6.(b) Name of husband or wife... Kate W Payne  
 6.(c) If alive, give age... 62 years  
 7. Birth date of deceased (mo., day, yr.) Jan 22, 1886  
 8. AGE: Years... 60 Months... 1 Days... 18 If less than one day... \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Bladensburg Maryland  
 (Town, county, and state) Cooper

10. Usual occupation... \_\_\_\_\_

11. Industry or business... Standard Brands Inc.

FATHER 12. Name... Milton J. Payne

13. Birthplace... Virginia

MOTHER 14. Maiden name... Edith E Shaw

15. Birthplace... Maryland.

16. Informant... Emily E. Payne

Address... 5017 Quincey st Bladensburg Md.

17. Burial... Burial Date thereof... Mar. 12, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Evergreen Cemetery

Location... Bladensburg Maryland

18. Funeral director... F. Gasch's Sons

Address... Hyattsville Maryland.

19. 3/12 46 Amanda Dorney

(Date rec'd by registrar) 19. 46 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... March 10 19 46 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_.

Immediate cause of death... Acute congestive heart failure

Due to... Cardiovascular renal disease

Due to... \_\_\_\_\_

Other conditions... \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations... \_\_\_\_\_

Date of op... \_\_\_\_\_

Autopsy results... \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... \_\_\_\_\_ Date of... \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Injured at work?

Deputy Medical Examiner

23. SIGNATURE... James S. Forestall M. D. or other

Address... Forestall Date signed... 3-11-46

RECEIVED

MAR 13 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (363)

## CERTIFICATE OF DEATH

02897

★ Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County Pr. Geo. Co.City or town Takoma Park, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo. Co.City or town Takoma Park, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 509 Ethan Allen Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William S. Plager

## 3. (b) Social Security Number

4. Sex m 5. Color or race or 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Jennie S. Plager7. Birth date of deceased (mo., day, yr.) July 14-1859 8. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 86 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Petersburg, West Va.  
(Town, county, and state)10. Usual occupation Retired Builder

11. Industry or business

12. Name John Plager13. Birthplace W. Va.14. Maiden name Selma Kelly15. Birthplace W. Va.16. Informant Nellie B. MettlerAddress 509 Ethan Allen Ave.17. Burial Date thereof 3-29-46  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Glenwood CemeteryLocation Wash. D.C.18. Funeral director Woodchambers &Address Riverdale, Md.19. March 29 1946 James Serry  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1946, at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1945 to 3/26 1946and that I last saw him alive on 3/26/46 1946Immediate cause of death apoplexyDue to Cardio-renal-vascularDue to diuresis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. W. Conklin M.D.  
M. D. or otherAddress 3100-20-NE Date signed 3/23/46

RECEIVED TO BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

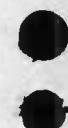
WASHINGTON, D. C.

RECEIVED TO BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

RECEIVED TO BUREAU OF INVESTIGATION

RECEIVED  
APR 1 1946  
BUREAU OF INVESTIGATION



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02898

## 1. PLACE OF DEATH

County Prince George Registration Dist. No. 239  
 Village or City Oak Crest Laurel R. F. D. No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 50 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Jennie Edna Reed If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5e. If married, widowed, or divorced HUSBAND of <u>William Reed</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 7, 1878</u>		
7. AGE <u>70</u>	Years <u>3</u>	Months <u>3</u>
		Days <u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D. C.  
 (State or country)

13. NAME William Phillips  
 14. BIRTHPLACE (city or town) Alexandria Va.  
 (State or country)

15. MAIDEN NAME Elizabeth Smith  
 16. BIRTHPLACE (city or town) Alexandria Va.  
 (State or country)

17. INFORMANT William Reed  
 (Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Log Hill Date Mar 13, 1946

19. UNDERTAKER Ridgely Selby  
 (Address) 101 Washington St. Laurel Md.

20. FILED Mar 13, 1946 M. Brashers  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 11, 1946  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb 27, 1946, to March 11, 1946

I last saw her alive on March 12, 1946; death is said to have occurred on the date stated above, at 2:04 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Coronary heart disease

Date of onset  
2/27/46

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Dr. J. M. C. Jones M. D.

(Address) 101 Washington St. Laurel Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

02899

## CERTIFICATE OF DEATH

Reg. Dist. No. 239

## 1. PLACE OF DEATH:

County Prince Geo.

City or town Laurel  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Davis Home for Children  
12000

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County

City or town Washington  
(If outside city or town limits, write RURAL and give nearest town)Street No. 2348 High St SE.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Marilyn Jeanne Robinson

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

N.R.

6. (a) Single, married, widowed, or divorced

Baby

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

June 1 - 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

2

1

hrs.

min.

9. Birthplace

Washington D.C.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Registrar

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

24. (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1946 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 1946 to March 1 1946

and that I last saw her alive on Feb 28 1946

Immediate cause of death Malnutrition

Due to Spina Bifida

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

24. (Date rec'd by registrar)

Registrar

MARGIN RESERVED FOR BINDING

VS A15

9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 5 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
year of birth of deceased is shown 2411 N. Charles St., Baltimore (61)  
on  
**CERTIFICATE OF DEATH**

02900

Reg. Dist. No. 231

File No. 101 - March 20, 1946

## 1. PLACE OF DEATH:

County Prince Georges  
City or town Cheverly, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred

Prince Georges General Hospital

How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Laurel  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 630 main St.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mrs. Grace Rudeane

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife Mr. Charles S Rudeane

7. Birth date of deceased (mo., day, yr.) March 19 - 1884 6.(c) If alive, give age 64 years

8. AGE: Years 62 Months 0 Days 0 If less than one day

9. Birthplace N.Y. (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Frank Rugin

13. Birthplace N.Y.

14. Maiden name Alie Lamon

15. Birthplace N.Y.

16. Informant Charles Rudeane

Address 630 Main St. Laurel Md

17. Burial, cremation, or removal, Which? Burial Date thereof March 13 - 1946

Cemetery or crematory Oak Hill

Location Illinois St.

18. Funeral director He H C White Co

Address Laurel Md

19. Mar 10 1946 Amanda Doney Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1946 at 10:18 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1946 to March 9 1946

and that I last saw him alive on March 9 1946

Immediate cause of death acute myocarditis

Due to Diabetes Mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE John M. Young

Address Prince Georges Hosp. D. or other

Date signed 3-9-46

RECEIVED  
MAR 14 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1278

## CERTIFICATE OF DEATH

02901

★ Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince Georges  
 City or town Cheney  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 days 12 hrs.  
 Hospital, institution, or street address where death occurred:  
Prince Georges Hospital  
 How long in hospital or institution? 21 days 12 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD. County P.C.  
 City or town Cheltenham  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Jesse L. Smith

## 3. (b) Social Security Number

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Sept 4, 18608. AGE: Years 85 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Du Quab, Illinois  
(Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Isaiah Smith  
 13. Birthplace Ohio  
 14. Maiden name Katherine Slate  
 15. Birthplace Ohio

16. Informant Mrs. Harold MayAddress 8389 Lone St. Wash. 19-0017. Burial Date thereof March 27, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location Cheltenham Maryland18. Funeral director W. W. Chauris Co.Address Washington DC 88

March 27, 1946 Jesse L. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 19 46, at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-2 19 46 to 3-24 19 46 and that I last saw him alive on 3-23 19 46

Immediate cause of death Choleystitis with  
gangrene of gall bladder 2 mo.  
 Due to \_\_\_\_\_

## DURATION

Due to \_\_\_\_\_

Other conditions marked senility 4 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results gangrene of gall bladder with abscess  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. B. Mayes M.D. M. D. or otherAddress Int. Rainier Ind. Date signed 3-24-46

RECEIVED

MAR 27 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02902

Reg. Dist. No. 23X

### 1. PLACE OF DEATH:

County P. Geo. Co.  
City or town 5140 Wheeler Rd SE.  
(If outside city or town limits, write RURAL, NEAR and give town)  
Street address, hospital, or Institution: ORIN HILL  
Stay in hospital or Inst. (yrs., or mos., or days) none  
Stay in this community (yrs., or mos., or days) 5 yrs

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County P. Geo.  
City or town Don Hill  
(If outside city or town limits, write RURAL, NEAR and give town) Ward No.  
Street No. 5140 Wheeler Rd SE  
(If rural give LOCATION)  
2(e) IF VETERAN, NAME WAR none

### 3. (a) FULL NAME

Hugh Mac Snellings

### 3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Ellen Snellings

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb 23, 1872

8. AGE: Years 74 Months  Days  If less than one day  hrs.  min.

9. Birthplace Fredericksburg Va  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business prop farm

12. Name Walter Snellings

13. Birthplace Fredericksburg Va

14. Maiden name Mildred Price

15. Birthplace Fredericksburg Va

16. Informant Agnes & Reisinger

Address Wash. D.C.

17. Burial Date thereof Mar 4 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Deal Funeral Home.

18. Funeral director Deal Funeral Home.

Address 4812 Ga Ave N.W.

19. March 1 1946 Howard & Beach  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 46 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28 1946 to Mar 1 1946  
and that I last saw him alive on Mar 1 1946

Immediate cause of death Coronary Thrombosis

### DURATION

Due to Arteriosclerosis

Due to Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Cause of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE E. J. Schenck M. D. Brother

Address 1225 Talbot H. Bk. Date signed 3/1/46

Wash (20) D.C.

MARGIN RESERVED FOR BINDING

VS A75/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
MAR 6 1946  
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

Reg. Dist. No.

243.

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 mos., 15 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 6 mos., 15 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D. C. County...  
 City or town... Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2130 32nd St. S. E.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war... ☒

## 3. (a) FULL NAME

ROBT. A. THOMPSON

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Sara E. Thompson

## 7. Birth date of deceased (mo., day, yr.)

October 9, 1900

## 6. (c) If alive, give age... years

## 8. AGE:

Years

Months

Days

If less than one day

4559

hrs.

min.

## 9. Birthplace

Washington, D. C.

(Town, county, and state)

## 10. Usual occupation

Pressman

## 11. Industry or business

FATHER

## 12. Name

Arthur Thompson

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Elizabeth McCormick

## 15. Birthplace

Virginia

## 16. Informant

Decedent

## Address

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

Mar 21, 1946  
(month) (day) (year)

## Cemetery or crematory

Cedar Hill

## Location

Prince George's Co., Md

## 18. Funeral director

## Address

W. W. Chambers & Co.  
517 11th St S.E.

## 19. Mar 18, 1946

(Date rec'd by registrar)

Rowland S. Phillips

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

March 18<sup>th</sup>19 46, at 5:40 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 31<sup>st</sup>19 45 to March 18<sup>th</sup>19 46

## and that I last saw him alive on

March 18<sup>th</sup>19 46

## Immediate cause of death

Pneumonia and tuberculosis

## DURATION

13 mo.

## Due to

Complication:Tuberculous osteomyelitis of bones of right foot.13 mo.

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Daniel Leo Pinucane M.D.

M. D. or other

Address

Glenn Dale, Md.

Date signed

3/18/46

RECEIVED  
MAR 22 1946  
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 02905 245

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Riverdale  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 hours  
 Hospital, institution, or street address where death occurred:  
Selands Memorial Hospital  
 How long in hospital or institution? 2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince George's  
 City or town Berwyn  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5812 Pontiac  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....

## 3. (a) FULL NAME

Clarence Edward Trost

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Virginia A. Trost

7. Birth date of deceased (mo., day, yr.) June 10, 1888 8. (c) If alive, give age 45 years

8. AGE: Years 57 Months 8 Days 22 If less than one day  
 hrs. min.

9. Birthplace Uniontown, Pa.  
 (Town, county, and state)

10. Usual occupation Contractor

11. Industry or business Building

12. Name Robert T. Trost

13. Birthplace Penn.

14. Maiden name Anna Marks

15. Birthplace Penn.

16. Informant Jeanne Green

Address 5403 Edmonstrick Rd. E. H. J. Hall

17. Burial Date thereof 3-5-46  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Lucian Church

Location Wash. D.C.

18. Funeral director Howe & Co.

Address Riverview, Md.

19. March 3, 1946 J. J. Green  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1946 at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from  
 .....19....., to.....19.....  
 and that I last saw him.....alive on.....19.....

Immediate cause of death  
Hemorrhage and shock  
 Due to Crushed chest  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 3-2-46  
 Where did injury occur? Berwyn, P.G. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route #1  
 Means of injury Refrigerator (City or town) (County) (State)  
Refrigerator (City or town) (County) (State)

23. SIGNATURE J. J. Green M. D. or other

Address Forest Hill, Md. Date signed 3-2-46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED

MAR 5 1946

BUREAU V. B.

RECEIVED MAR 5 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-1

## CERTIFICATE OF DEATH

02906

Reg. Diat. No. 243

## 1. PLACE OF DEATH:

County... Prince George's  
 City or town... (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 yrs., 6 mos., 10 days  
 Hospital, institution, or street address where death occurred:  
Glenn Dale Sanatorium  
 How long in hospital or institution? 8 yrs., 6 mos., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... D. C. County...  
 City or town... Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1217- First St. S. E.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

TURNER, RUSSELL

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

-

## 7. Birth date of

deceased (mo., day, yr.)

April 24, 1918

## 6. (c) If alive, give age... years

## 8. AGE:

Years

Months

Days

If less than one day

271027

...hrs.

...min.

## 9. Birthplace

Washington, D. C.

(Town, county, and state)

## 10. Usual occupation

Painter

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Frederick Turner

## 13. Birthplace

Virginia

## 14. Maiden name

Mary Montague

## 15. Birthplace

Virginia

## 16. Informant

Decedent

## Address

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Mar. 24, 1946  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

(Date rec'd by registrar)

Mar. 23, 1946 Rowland S. Phillips  
Registrar

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

March 23, 1946, at 8:10 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 13, 1937, to March 23, 1946  
and that I last saw him alive on March 23, 1946

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

8 yrs.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Daniel Leo Finucane MD  
M. D. or other

## Address

Glenn Dale Md  
Date signed 3/23/46

RECEIVED  
APR 4 1946  
BUREAU OF





*Holland*

RECEIVED

MAR 7 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02908231  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Prince Georges  
 City or town Chesed  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Dead on arrival  
 Hospital, institution, or street address where death occurred:  
Prince Georges General Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince Georges  
 City or town Ardmore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1 First Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.

## 3. (a) FULL NAME

William Thomas Van Pelt

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 18, 1945  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

426hrs.min.

9. Birthplace

Washington DC  
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Robert E. Van Pelt

13. Birthplace

Maryland

MOTHER

14. Maiden name

Catherine Kemner

15. Birthplace

Richmond, Va

16. Informant

Robert E. Van Pelt

Address

Ardmore Md17. Burial  
(Burial, cremation, or removal. Which?)Date thereon March 16, 1946  
(month) (day) (year)

Cemetery or crematory

Fort Lincoln Cemetery

Location

Washington D.C.

18. Funeral director

F. Gesch's sons

Address

Hyattsville Ind.19. 3/16 1946  
(Date rec'd by registrar)Amanda Downey  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1946 at 8:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19\_\_\_\_ to 19\_\_\_\_

and that I last saw him alive on 19\_\_\_\_

Immediate cause of death

asphyxia

DURATION

Due to

smothering in bed  
clothing

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-14-46Where did injury occur? Ardmore P.D. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury smothered in bed Injuries clothingdeeply medical examination

23. SIGNATURE

Amanda Downey M. D. or otherAddress Fort Lincoln Date signed 3-14-46

RECEIVED  
MAR 18 1946  
BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 02909 245

## 1. PLACE OF DEATH:

County Prince Georges County

City or town Riverdale Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day - 5 hrs. 15 min

Hospital, institution, or street address where death occurred: Selan Memorial Hospital

How long in hospital or institution? 1 day - 5 hrs. 15 min

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D. C.

City or town D. C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1340 - Newton St N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Bertha Ellen Walker

## 3. (b) Social Security Number

4. Sex Female 5. Color or race W. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lee Mose Walker

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 31 1893

8. AGE: Years 52 Months 9 1/2 Days 75 If less than one day hrs. min.

9. Birthplace Deer Park, Garrett Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Walter Scott Company

13. Birthplace St. Louis, Mo.

14. Maiden name Frances Rebecca Moreland

15. Birthplace Romney W. Virginia

16. Informant Mary Elizabeth Harrison (Sister)

Address 4635 - Silver Hill Rd. S.E. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof March 16 1946 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director The S. H. Jones Co

Address 2901 14th St. N.W.

March 16 1946 Jenny Severy Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 3-15-46 19 al 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 14 1946 to Mar 15 1946

and that I last saw him alive on Mar 15 1946

Immediate cause of death Cerebral aneurysm

## DURATION

2 days

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry G. Hadley

Address 1202 4th St. N.W. M.D. or other

Date signed Apr 15 1946

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 20 1946  
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of age of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

FILM No. I O 1 APR 2 - 1946

Reg. Dist. No. 231

### 1. PLACE OF DEATH:

County Prince Georges  
City or town Chesley  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Prince Georges  
City or town Columbia Park (Landover Hills)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war Spanish - American

### 3. (a) FULL NAME

John Edward Walker

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
6.(b) Name of husband or wife:  
7. Birth date of deceased (mo., day, yr.) April 20th 1876 6.(c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Seat Pleasant, Md.  
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Clyde E. Walker

13. Birthplace England

14. Maiden name Alver Wilson

15. Birthplace England

16. Informant Mrs Frank Green

Address 1416-E St. N.E. Washington D.C.

17. Burial Date thereof March 6 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington Natl Cemetery

Location Arlington Va.

18. Funeral director H. H. Chambers Inc.

Address Riverdale Md.

19. 3/3 46 Amanda Dawney  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 19 46 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1 19 46 to 3-2 19 46  
and that I last saw him alive on 3-1 19 46

Immediate cause of death myocarditis

DURATION 2 1/2

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leonard Hays

Hays, Md. M. D. or other

Address Date signed 3-2-46



RECEIVED

CERTIFICATE OF DEATH

RECEIVED  
MAR 5 1946  
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

## CERTIFICATE OF DEATH

02911

Reg. Dist. No. 242

## I. PLACE OF DEATH:

County Pr George Co.City or town Silverside  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Pr GeorgeCity or town Silverside  
(If outside city or town limits, write RURAL and give nearest town)Street No. 7840 Longfellow Rd  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Warrick, Catherine

## 3. (b) Social Security Number

4. Sex F 5. Color or race Negro 6. (a) Single, married, widowed, or divorced widow8. (b) Name of husband or wife Alfred Warrick

7. Birth date of

deceased (mo., day, yr.)

1895

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

50

hrs.

min.

9. Birthplace

Prince Geo. County  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 46

Thos D. Gifford  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1946 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1932 to March 10 1946and that I last saw him alive on March 9 1946

Immediate cause of death

Myocardial infarction  
Ischemic

Due to

Influenza (virus)

Due to

arteriosclerosis (heart)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. W. Schwartz, M.D.

M. D. or other

Address

1225 Talbot St

Date signed

Mar 10, 1946

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

RECEIVED  
MAR 25 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

## CERTIFICATE OF DEATH

 03124 232  
 Reg. Dist. No.

1. PLACE OF DEATH: *P. G. Co*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *3 mos 22 days*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*D. C.* County.....*P. G. Co.*  
 City or town.....*Upper Marlboro*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Baby Hedges*  
 3 20

3. (b) Social Security Number

4. Sex *female* 5. Color of race *colored* 6. (a) Single, married, widowed, or divorced *single*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Nov. 26 1945* 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
 — 3 22 — hrs. — min.

9. Birthplace.....*Upper Marlboro Md.*  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....*Bessie Hedges*13. Birthplace.....*Md.*14. Maiden name.....*Blair Pinkney*15. Birthplace.....*Md.*16. Informant.....*B. Earn Hedges*Address.....*Upper Marlboro Md.*17. Burial.....*Methodist* Date there.....*3-19-46*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....*Upper Marlboro Md.*18. Funeral director.....*W. H. Brothers*Address.....*Upper Marlboro Md.*19. Date rec'd by registrar.....*March 18 1946*

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*March 18 1946* at *4 A.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 12 1946* to *March 18 1946*and that I last saw him alive on *March 17 1946*Immediate cause of death.....*malnutrition**Due to irregular and improper diet*Due to.....*none*Due to.....*none*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

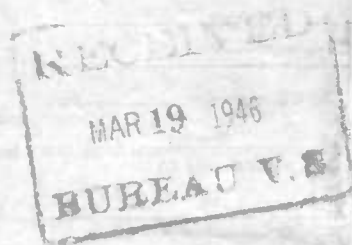
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....*3 M Brady*Address.....*121 Pleasant St.*Date signed.....*3/18/46*

Believe this child was born in  
Phark, D.C. 1 other in 1941 was.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Prince George's  
 City or town (rural) Glenn Dale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 2 mos., 12 days

Hospital, institution, or street address where death occurred:

Glenn Dale SanatoriumHow long in hospital or institution? 1 yr., 2 mos., 12 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. CountyCity or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 815 Delaware Ave. S. W.  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

LUCINDA R. WILLIAMS

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married (separated)

## 6. (b) Name of husband or wife

Reginald WilliamsB. (c) If alive, give age ? years

## 7. Birth date of

deceased (mo., day, yr.)

January 14, 1912

## 8. AGE:

Years

Months

Days

If less than one day

3421

hrs.

min.

9. Birthplace Waynesboro, S. Carolina

(Town, county, and state)

10. Usual occupation Govt. Clerk

## 11. Industry or business

## FATHER

12. Name Orin Russell

## 13. Birthplace

Waynesboro, S. Carolina

## MOTHER

## 14. Maiden name

Lucy Harrison

## 15. Birthplace

Waynesboro, S. Carolina18. Informant Decedent

Address

17. Removal  
 (Burial, cremation, or removal. Which?)Date thereof Mar 16, 1946  
 (month) (day) (year)

Cemetery or crematory

Location

To Washington D.C.

## 18. Funeral director

Address

19. 3/16/46  
 (Date rec'd by registrar)

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Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 15<sup>th</sup> 1946, at 8<sup>06</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 31<sup>st</sup> 1944 to March 15<sup>th</sup> 1946and that I last saw her alive on March 15<sup>th</sup> 1946

Immediate cause of death

DURATION

Pulmonary tuberculosis 2 yrs 5 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinicase M.D.

M. D. or other

Address Glenn Dale, Md. Date signed 3/15/46



RECEIVED  
MAR 22 1946  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 285

### 1. PLACE OF DEATH:

County Prince Georges  
City or town Andrews  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County BALTO

City or town BALTO  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2201 CHRISTOPHER AVE  
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

### 3. (a) FULL NAME

Judith Allen Wright

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 18, 1944 6. (c) If alive, give age 5 years

8. AGE: Years 8 Months 5 Days 5 If less than one day hrs. min.

9. Birthplace Baltimore, Md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William D. Wright

13. Birthplace BALTO MD

14. Maiden name Eileen Deal

15. Birthplace Baltimore, Md

16. Informant Mary Home records

Address Andrews, Md

17. BURIAL Date thereof 3-14-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory HARRY REDEEMER

Location BALTO

18. Funeral director MARY M. WIEDEFEELD

Address 501 E. 22ND ST.

19. 3/15 19 46 A. W. Hedrick  
(Date rec'd by registrar) (month) (day) (year) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 19 46 at 6:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 19 46 to Mar 12 19 46

and that I last saw her alive on Mar 19 46

Immediate cause of death Congenital Heart DURATION birth

Due to birth

Due to birth

Other conditions Mongolian Idiot DURATION birth

(Include pregnancy within 8 months of death)

Major findings of operations birth

Date of op. birth

Antopsy results birth

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide birth Date of birth

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney M. D. or other

Address Hyattsville, Md Date signed 3-13-46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.